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For Paperwork Reduction Act Notice, see page 4.

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

	Conord Information			
78 1	Name of organization			Employer identification number
'	Mailing address (P.O. Box or number, street, and ro	iskaln		pending 7/31/00
2	Mailing address (P.O. Box or number, street, and ro	oom or suite num	nber)	Transfer on the same of the sa
	-115  W - + 5  and  11	<u>ve.                                    </u>		<u> </u>
	City or town, state, and ZIP code	5540		91-2063921
3	E-mail address of organization	Dearth	alink net	
	Name of custodian of records	4b Custod	ian's address 15 W. T. Slaved	0 A.
J.	Phyllis Kahn			
	(		linneapolis, M	
5a	Name of contact person	5b Contac	t person's address	
	Dhyllis Kahn			
	pry 1115 rann	$\mathcal{N}$	inneapolis, MA	1 55401
6	Business address of organization (if different from n	nailing address s	hown above). Number, street, and	room or suite number
	City or town, state, and ZIP code	··		
Da	rt    Purpose	<del></del>		
7	Describe the purpose of the organization		1111	
	Campaign Committee	40 S	leat Phulli-	s Kann
	Carry Colors		DOI 1 A	
	to the Minnesola	JIOUSP	1) ( (aucus	; ,
26	rt III List of All Related Entities (see in Name of related entity 8b Relation		8c Address	
Вa	Name of related entity <b>ob</b> Relation	Попір	OU / Idanoso	*
	none			
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Eor I	Paperwork Reduction Act Notice, see page 4.		Cat. No. 30405V	Form <b>8871</b> (7-2000)

Cat. No. 30405V

Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)				
9a Name	9b Title	9c Address		
Phyllis Kahn	· Candidate.	115 N Islandave		
Prymo	Principal	Minreapolis, MN 50401		
Florence Cillynan		76 Clarence Ave SE		
	Treasurer	Minneapolls MN 55414		
·				
	.,			
	<u></u>			
Under penalties of perjury, I declar	re that the organization named in	Part I is to be treated as an organization described in section 527 of the Internal		
Revenue Code, and that I have exa it is true, correct, and complete	amined this notice, including accor	mpanying schedules and statements, and to the best of my knowledge and belief,		
Sign \ Hulli	Cal	7/31/00		
Signature of authorized office	cial	Date		